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ABSTRACT

Late-arriving Laotian refugees to the United States who are Yao Tribal mountain people face complex problems in adapting in Western culture and therefore pose perplexing problems for adult educators. Some of the dramatic adjustment difficulties center around the following areas of concern: (1) health and sanitation (normal body functions, immunizations, dental care), (2) inadequate clothing, (3) food preparation and preservation, and (4) superstition, myths, and religion. The educational philosophy best suited to the needs of these late-arriving refugees is the experience curriculum. Their acculturation is best accomplished in a new, broadly based English language class which centers around their needs and problems and which uses and adapts materials from the local county extension department, health department, and other social service agencies. (YLB)

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ACCULTURATION OF LATE-ARRIVING REFUGEES:

A NEW JOB FOR ADULT EDUCATORS

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With the passing of the Refugee Act of 1979, the quota of incoming Indochinese refugees to the United States increased from 7,000 to 14,000 per month. Priority has now been given to the Hmong and Yao tribal mountain people of Laos who have languished in refugee camps for more than four years, longer than any other Indochinese group. Compared to early refugees, these primitive people pose new problems for adult educators.

Those first refugees coming from Vietnam and the lowland areas of Laos were fairly well-educated and somewhat familiar with Western culture. The majority of the first arrivals were professional people--doctors teachers, merchants and army officers, who often brought their extended families with them. Many of these first arrivals also brought what little wealth they could carry, often gold and jewelry, which aided in their immediate survival. However, the late-arriving refugees, the primitive mountain tribal people of Laos, present a totally different picture. This article is concerned primarily with the Yao refugees and the complex problems they face in adapting to Western culture.

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Although these late-arriving refugees are Laotians, they do not speak the national language of Lao but the Yao dialect, a spoken but unwritten language completely unknown to other Laotian refugees. At the present time little is known about this strange dialect--some theorize that it has its beginnings in the Chinese language. Because of the rugged

mountainous Laotian terrain, which has only foot paths instead of roads, little communication exists between the majority of the population living in the lowland areas along the MeKong River, and the Yao tribesmen from the north. No common bond exists between these people, other than that they are both refugees.

Actually these Yao tribesmen are displaced Chinese who were forced out of China about 200 years ago and who settled in the northern highlands of Laos, Vietnam and nearby border areas of Thailand. Living in isolated mountain villages, these people maintain a simple but primitive life style based on farming and hunting, similar to that of the American Indian of 150 years ago. The Yao live in closely knit family groups. Whole extended families share one structure, usually a frame shelter with bamboo reed walls and roofs, maintaining as many as twenty to thirty individuals. Villages are small, generally numbering an average of twenty or so families. One can imagine the cultural shock of these displaced tribal people, coming from a mountain village, where they followed a simple life style--living in a bamboo hut, cooking their meals on a low earthen fire, sleeping on a mat on the ground, farming a small plot of land for vegetables and rice--to an industrialized, urban, twentieth-century environment.

When these primitive people come to the United States, they experience a cultural shock which touches all aspects of their lives. They encounter an array of bewildering problems which baffle even those trying to help them. Essentially, the major problems are centered around the following areas of concern.

1. Health and Sanitation

Some of the problems concerning health and sanitation involve normal body functions. After disembarking from a plane which brought a group of refugees from a camp in Thailand to Montgomery, Alabama, a Yao tribal woman was discovered to be far along in her menstrual period. Her skirt was saturated; blood was still damp on her legs. She had begun menstruating during her exhaustive nine day journey from Thailand. One Yao refugee, a former medic in the refugee camp, said, "Nothing is ever done about this condition. Sometimes a plastic wrapper or bag, if available, is used to retain the discharge." More often than not, nothing is done. The menstrual cycle is simply an accepted saga of womanhood, a natural body function.

In the Yao villages, giving birth is viewed as a woman's greatest triumph. Children are looked upon not only as a great blessing but as future workers who will increase the family's earning potential. Polygamy, a practice which expands the population of tribal clans, is accepted as long as the husband can support the additional wife and children, all of whom live under the same roof. It is quite normal for a man with two wives to have twenty or more children. At present, the Yao refugees coming into the country are part of extended family groups. Many of the young women are either pregnant or have recently given birth. One couple, married only five years, already has three children; another married three and half years has two children. Sponsors of these refugees are often left dumbfounded even mentioning birth control, much less trying to explain its particulars in detail. Often the subject of sex is completely avoided until pregnancy results. Already in our local area there have been two reported abortions

resulting in hysterectomies of two young refugee women. As a local health department nurse observed, the explanation of birth control is extremely difficult with illiterate people. For example, a month's supply of birth control pills is packaged on one card in four rows. The pills must be taken one daily, going from left to right. One refugee woman insisted on taking them from top to bottom, the way Chinese is read, thereby reducing the effectiveness of the pills.

When entering the United States, the Indochinese refugees receive only minimal examinations--chest X-ray, blood tests (especially for venereal diseases), tests for narcotic addiction, examinations for skin diseases, eye examinations, and a test for mental disorders. However, no immunizations are given (9:35). Up until 1979 federal regulations required smallpox vaccinations for all entering aliens, but this practice has since been discontinued. One Health officer estimated that in 1978, 85% of the refugees in his county (51 of 60) have had no immunizations against diphtheria, pneumonia, tetnus, polio, or measles. Up until 1979, Alabama required only the first and second grade school children to be vaccinated, but the law has now been changed to require all school children, ages five through eighteen, to maintain up-to-date vaccination records. But the question arises, What protection is given to pre-school refugee children and to refugee adults beyond the school age?

Parasites, particularly hookworms, pose another problem. In refugee camps, the proximity of trash and sewage to living and cooking areas make late-arriving refugees prime candidates for parasites. According to the Center for Disease Control, many American physicians may not be familiar

with the particular parasitic infections which the late-arriving refugees have (5).

Whereas parasites and immunizations are concerns, the Center for Disease Control has called tuberculosis "the most serious potential public health problem of the Indochinese refugees" (5). Reports from admitting areas along the West Coast estimate that 1% - 2% of the newly arrived refugees in 1979 have active tuberculosis. Some health departments have yet to receive copies of medical records of incoming refugees; in other instances, the refugees themselves misplace or lose their records.

A physician who has treated several of the late-arriving Yao tribal refugees has expressed concern that the immigration authorities do not require a more complete examination of the refugees before sending them into communities all over the United States. He is further upset about well-meaning sponsors who are unaware of the potential hazards:

> These people, [the sponsors], are the persons who should be put in jail. Too many of the so-called "good-hearted" persons simply don't follow through. Persons like Mrs. Carter, going over there for publicity's sake, illustrating the kindheartedness of the people of the United States for all those forsaken children, holding and fondling them, not thinking what diseases they might transfer! What makes these political persons think that they are not carriers of disease (2)?

The responsibility for immunizations, parasite control, and the tuberculin skin test rests with the sponsor. However, there are no legal means of checking on those sponsors to see whether or not they have lived up to their responsibilities.

Observation of refugees who have recently arrived verifies that their most obvious and common health problem is poor teeth (3). Eight of the nine adults in one area have visible cavities and missing or broken teeth which need immediate dental care. Already several of the

two- and three-year-old children exhibit the need for dental work, largely because of their past inadequate diet. Parents need not only immediate attention to pressing dental problems but also information about nutrition and continuing care of the teeth.

The Yao need instruction in basic sanitation for acts as simple as washing the dishes or washing the hands. The normal practice of washing dishes in a Yao household involves merely rinsing the glass or cup, using no soap or warm water. Often an individual's fork or spoon will be taken out of one's pocket for a meal and immediately put back into the pocket where it stays until the next meal. The finger of a newly-arrived young Yao woman became greatly infected because she was constantly picking at a small infection. Not understanding the necessity of washing her hands with soap and warm water and keeping the small sore clean, she developed an infection of major proportions. Education in the correct use and maintenance of the bathroom is necessary. Often there is a foul odor on the carpet around the toilet.

Because of the climatic difference between their old and new environments, the Yao must also learn to adapt to various temperature changes which occur in the continental United States. Sometimes the refugees exhibit a false sense of economy concerning the use of electricity and gas heat. During midwinter a sponsor found a child, reasonably well dressed in shirt, pants, shoes and socks, shivering and vomiting in the cold, unheated trailer. Soon after, two other children in the same family became critically ill, eventually costing the family much more in medical bills as the heating bill would have been for that month. A similar incident happened in mid-August. Another refugee

family refused to turn on the air-conditioning despite the fact that the mother of the family was suffering with intense fever. Only after the doctor demanded that the air-conditioning be maintained did the woman recover.

The typical Yao family sleeps together, the whole family, on mattresses on the floor despite the fact that beds were provided in the apartment. And according to one sponsor, the Yao refugees don't seem to realize the need to sleep on clean sheets; in contrast, they pride themselves in clean clothes. The refugee trailer or apartment is usually found in complete disarray. The tribal woman has little concept of organization. Dirty clothes as well as clean clothes are often mixed together in a single heap!

2. Inadequate Clothing

Whereas the Yao refugee men look comforable in western-styled clothes, shirts and slacks, the refugee women do not understand the dress codes of the Western world. During mid-summer when a volunteer worker knocked on the door of a newly-arrived refugee apartment, the wife answered the door completely topless, wearing only the Laotian wrap-around skirt. At her feet were two small children, a three-year-old wearing only a shirt, and an eight-month-old baby completely naked. Not having diapers or underpants, the children sometimes urinate inside on the carpeted floor or outside in full view, much to the dismay of the neighbors. In their isolated mountain villages the Yao had no sanitary facilities but simply used the handy forested areas. A similar incident occurred with another new arrival later that year. In the chilly November weather a new refugee wife, this time adequately dressed in slacks and a sweater, greeted her sponsor, while her two small children huddled in the corner of the room, noses dripping,

their hands and feed like icicles, each wearing a shirt but no underpants, diapers, or shoes. It must be remembered that these primitive people come from a hot, rain-drenched, tropical climate where little clothing is necessary; small children especially never wear underpants. Again, after observing four- and five-year-old refugee girls wearing dresses with no undergarments and playing outside with other children, the local sponsor sought someone who could explain the necessity of the children wearing underpants to the new refugee mother. The idea was met at first with great resistance, but nonetheless, its adaptation is essential; the children's health may be at stake.

The refugee women in particular need to understand the necessity of wearing undergarments, panties, bras, slips, and stockings with appropriate shoes. The women often dress haphazardly, with jacket or coat collars folded under, blouses and shirts half buttoned, shoes untied and hair disheveled. Having no idea what is proper wearing apparel in this society, these refugee women may find themselves in greatly embarrassing situations, as was the case with one woman who prepared herself to go shopping, wearing only a bra and slacks.

3. Food Preparation and Preservation

Coming from isolated mountain villages and living for the past four years in refugee camps without electricity, these mountain people see little or no need for refrigeration. Hamburger is sometimes found on the kitchen cabinet shelf, while the refigerator stands empty. Milk purchased by the sponsor for the young refugee children may stand untouched for days and sour. Refugee children know only the mother's breast for nourishment, warm milk not cold. Although these simple mountain people see no need to refrigerate milk and other foods, they want very much to be "American" and they sometimes equate "America" with cokes, baby bottles and smoking!

Formal meal times, the family sitting down together around a table, do not exist either in the tribal mountain village, the refugee camp, or in their present homes. It must be remembered that many refugee camps offer only one meal a day, or at most, two. In their culture, the husband and guests eat first, the wife and children later. It appears that the wife and children only nibble bits and pieces of food all day and do not have a balanced meal. A volunteer babysitter reports that refugee parents often give large amounts of coke or beer as an everyday beverage to their children. And instead of fruits and vegetables, candy is freely given. The children often seem overly hungry. Obviously the parents do not feed their children enough or give them the right kind of nutritional foods.

The compliant is often heard that the refugee family is starving, even though the kitchen shelves have an ample supply of canned goods, fish fruit, and vegetables. The problem is that the family is extremely suspicious of canned goods, which are completely unknown to them. Coming from a farming community, Yao tribesmen ate nothing except some meat and freshly grown fruits and vegetables. Although largely inadequate, the staple ration in the refugee camp was rice, with a small amount of fish and some vegetables added. An abundance of food, enough to last several days, is a new concept to the Yao, as well as that canning is a method for storing and preserving food.

4. Superstitions, Myths and Religion

Being part of a very primitive culture, the Yeo tribesmen are steeped in animism, the belief in the existence of spiritual beings which inhabit inanimate things. These mountain tribesmen attribute the causes of disease and death to spiritual beings which are constantly

involved in a drama of good versus evil. As one might imagine, they have a large range of cures and remedies. These tribesmen are puzzled and perplexed by various human shapes which appear in their dreams and visions.

One week after arriving in Alabama in mid-August, a young refugee wife became deathly ill. After two days of high fever a doctor was called, but because of her superstitions she would not take the prescribed medicine. Her fever raged on and on, and soon she began hallucinating. In her fevered state, she saw death approaching in the form of a strange apparition entering the room. At this point the woman's husband became frantic; he tried calling relatives in Montgomery to find what words, what incantations, or what sacrifices were needed to appease the evil spirits. The doctor returned, however, and was able to reduce the fever by submerging the woman in a cold bath and by administering shots of penicillin.

Another incident involved a young pregnant woman who became ill soon after her arrival in this country. Seeking a cure for the illness, her family requested the sponsor to find a live chicken. Since the family had been in this country for only a few days, the sponsor decided to go along with the request, and after considerable searching, was able to purchase a live chicken from a nearby poultry farm. The chicken was to serve as a sacrifice, the head and feet being the necessary ingredients for this particular sickness. But the problem didn't go away--the very next day, the same family asked for another chicken. This time the sponsor balked and tried not only to explain the difficulty of securing a live chicken, but the futility of animal sacrifice as a cure for human illness, but to no avail. However, the following month another crisis developed. Two children came down with an acute case of influenza. This time nearby

Yeo relatives were called. Another Yeo relative who works on a poultry farm supplied the four local families with ten live chickens. These chickens were divided up among the four families and kept in boxes in the four different trailers for further sacrifices!

Recommendations and Conclusions

Clearly, the problems described here cry out for an educational program which has deep roots in the nature of Western culture. Ideally, such a program should be languaged-based, but not in the standard "English as a Second Language" techniques. The cultural differences between the late-arriving refugees and the typical Americans are so vast that present ESL techniques simply will not work. The subtle distinctions between words such as this and these are meaningless to refugees who are learning to use gas and electrical appliances and maintain plumbing facilities.

The educational philosophy best suited to the needs of late-arriving refugees is the experience curriculum. The curriculum itself must be centered around the needs and problems of the refugees--health and sanitation, food preservation, clothing, etc. Language study, so vital in the acculturation process, should emerge naturally in the process of education. This acculturation can be taught most logically in a new broadly based language class which uses and adapts materials from the local county extension department, health department and other social service agencies. The language class is the natural channel of communication between the teacher and refugee where problems can be brought up without threat to anyone. The teacher, being highly respected by the refugees, can accomplish much, especially when presenting new ideas. For example, the nurses in the local health department have had no success in explaining birth control even with an interpreter. But

in the language class, explanations can be brought down to the refugee's level of comprehension.

Some knowledge of the Yao language is vital in establishing an effective program. A great deal of similarity exists between the Hmong and the Yao language, although the relationship is not yet fully understood. However, according to one Yao-English speaking refugee, the Yao can understand the Hmong and vice versa, giving rise to the inference that they are of the same language but of different dialects, both rooted in spoken Chinese. Until 1953, the Hmong language, like the Yao, was a totally unwritten language, but was later developed by Catholic and Protestant missionaries, using a Romanized Popular Alphabet. The best available source of the description of the Hmong language is in "The Hmong Language: Sentences, Phrases, and Words"(6).

A successful language and acculturation program is only possible through the cooperative effort of the teacher, refugee and the refugee's sponsor. An experienced teacher, who has taught other refugees, can be an invaluable aid to the sponsor and the newly-arrived refugee. The reverse is also true: communication is the key. The sponsor can relate some of the problems she has had with the refugee's adjustment. After several language lessons, the teacher will often know the refugee's language ability far better than the sponsor and can be a definite aid in suggesting employment possibilities.

Waiting for resettlement in refugee camps for over four years, these people are anxious for honest employment. Coming from a hard-working agricultural background, many do best in tasks related to the soil, especially if they are over the age of forty and have not had any prior knowledge of spoken English. In seeking employment other

than mechanized factory work for these refugees, the sponsors should contact the following: the local State and Federal Departments of Agriculture Forest Service, local sod farms and plant nurseries, city parks and recreation departments (especially in the spring); local city street maintenance crews, nearby dairy farms; or churches, schools, industries and hospitals for janitorial work. Instilled with a sense of pride and ambition, the Yao refugees are excellent workers, who will some day become productive future citizens and an asset to American society.

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